

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

CHILD AND ADULT CARE FOOD PROGRAM TRAINING DOCUMENTATION	
DATE	TIME
TRAINING SITE	
TRAINER NAME	TITLE / POSITION
TOPIC(S) PRESENTED: (CHECK ALL THAT APPLY.)	
☐ Meal/Snack Requirements	☐ Daily Attendance Records
	☐ Creditable Foods
☐ Meal Count Procedures	☐ Child Nutrition
Other	☐ Fostering Healthy Eating Habits
Other	Other
Attendance Sign-In	
Name (please sign)	Title/Position

Name (please sign)	Title/Position
MO 580-1459 (4-04)	CACFP-222

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